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7	UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON	
8	AT SEATTLE	
9	STATE OF WASHINGTON, et al.,	NO.
10	Plaintiffs,	DECLARATION OF E.C.
11	V.	
12	DONALD J. TRUMP, in his official capacity as President of the United States of America, et al.,	
13	America, et al.,	
14	Defendants.	
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- 1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.
 - 2. I live in Seattle, Washington with my husband and three children.
- 3. I earned a Bachelor's degree from Brown University, a Master's degree from New York University, and a Master's degree from Middlebury College. I moved to Seattle with my husband in 2008. Since moving to Seattle, I worked as a teacher for many years and I now work for a political non-profit. My husband is a medical doctor.
- 4. Our oldest child is transgender. I have chosen to use a pseudonym and to refer to her in this declaration as "Child A" because I am fearful for her and our family's safety and privacy in the current political climate. Child A is currently 14 years old and is in the 9th grade. She is very creative, loves to make art, and her favorite activity is reading. If she could, she would stay up all night engrossed in a book. When she was born, she was designated male on her birth certificate, but her gender identity is female.
- 5. Before I knew that my daughter was transgender, I noticed that she experienced depression and anxiety. She has dealt with anxiety from a young age.
- 6. I found out my daughter was transgender in December 2020, when she was 10 years old and confided to me that she wanted to be a girl. After that, my husband and I had many long conversations with each other to try and understand the implications of what she had told us. We also spoke with our daughter at length to confirm what she was experiencing and feeling. Our daughter was firm in how she felt and told us she felt like how she presented on the outside didn't match who she was on the inside.
- 7. Once we realized that our daughter might be transgender, I contacted Seattle Children's Hospital almost immediately in order to get advice from medical professionals. I also spoke to my primary care provider, who has a transgender child and provides gender-affirming care themselves, for advice. We also spoke with our child's pediatrician. On the advice of her

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doctor at Children's and her pediatrician, our daughter began seeing a therapist, both in

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- My husband and I are supportive of our daughter's identity. As a parent, you support your child—that is your main job. At the same time, we were scared for her. I had heard about how difficult it is to be transgender, and I did not want my daughter to have a difficult life. I was very concerned for what this might mean for the rest of her life. I was scared that she would be targeted at school or by society.
- 9. In the spring of 2021, after continuing conversations with Child A and her medical providers, we agreed with our daughter that she should socially transition. Our understanding is that transitioning looks different for everyone, but for her, this meant using female pronouns and changing her outward appearance, such as her hairstyle. During that year, she came out as transgender to the rest of our family, as well as to her classmates and teachers. In the fall of 2021, she began wearing girl's clothes.
- 10. I noticed that after she began socially transitioning, she became much happier and content with her body. She said she felt her outside finally matched her inside. I recall that one day, when I took our daughter shopping and bought her a girl's romper, she kept describing a feeling of gender euphoria because she was appearing the way she wanted to appear. After she started wearing girl's clothes, she did not get misgendered. She told me she began feeling more like herself.
- 11. In the spring of 2021, after extensive consultation with her doctor, therapist, and our own research, Child A began taking puberty blockers. We believed this was the best option to give her extra time to figure out her gender identity and see how she feels as she gets older. We were very concerned about our daughter's health and got many opinions from medical providers about our fears around fertility and bone density. We agreed on puberty blockers because they are reversible and can be stopped at any time. Deciding to start puberty blockers was a stressful process, but we are confident we made the right decision for our daughter.

- 12. In 2023, Child A began taking estrogen with the support of her doctor, and also switched from a puberty blocker injection to a less burdensome puberty blocker implant. She was initially using estrogen patches, but she began to have fluctuations in her hormone levels and corresponding mood swings, so she switched to estrogen injections. Since starting estrogen injections, her hormone levels and mood have been more stable.
- 13. Though transitioning has been difficult, our daughter has never expressed regret or doubts about her transition. As her parents, we were terrified by this process at first and spoke with her many times about how many different ways there are to be a boy. We were very concerned because we know it can make life more difficult to be transgender, because of the persecution of trans people in our society. Despite these potential obstacles, our daughter has never wavered. Since transitioning, she has always been clear about who she is.
- 14. In late January 2025, I became aware of an Executive Order putting conditions on gender-affirming care for youth. Our daughter found out before I did because someone at her school told her about it. The language used in the Executive Order made our daughter, my husband, and me very distressed. While she was calm about it, she described feeling depressed, anxious, and hopeless, especially for other transgender children who do not have the support of parents like hers or do not live in Washington State.
- 15. I do not consider it an option for our daughter to stop the current medical treatment she is receiving in order to transition. When her hormone levels have fallen in the past, her mental health dropped precipitously, and her problems with anxiety, depression, and suicidal ideation became worse. I believe the same thing would happen if she were unable to continue her current course of medical treatment, or if it were interrupted even temporarily. I am not willing to risk my daughter feeling suicidal and any adverse physical effects that a sudden stop of hormone treatment might cause.
- 16. If I were no longer able to access this care from our current provider, I would try to find it anywhere we could. This would most likely involve significant costs in travel, research,

1	and medical bills that we would not incur otherwise as our daughter's treatment is currently		
2	covered by our insurance plan. If we had to obtain it elsewhere, or our insurance no longer		
3	covered it, it would be very difficult and expensive for our family.		
4	17. If I could not find this care for my daughter in the United States, we would mostly		
5	likely move her to another country in order for her to be able to continue to receive medical		
6	treatment. Washington is our home. Both my husband and I live and work here, and our three		
7	children have lived here for their entire lives. As we have two other children in Washington,		
8	searching for care in another country would most likely mean splitting up our family, with my		
9	husband or me moving with Child A without her siblings and one of her parents. We do not		
10	otherwise want to leave the United States.		
11	I declare under penalty of perjury under the laws of the State of Washington and the		
12	United States of America that the foregoing is true and correct.		
13	DATED this 4 day of February 2025 at Seattle, Washington.		
14	C		
15	E.C. Parent of Child A		
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